

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
NEW REPUBLICAN PAC

ADDRESS (number and street) **204 S. MONROE ST.STE 201-A**
Check if different than previously reported. (ACC) **TALLAHASSEE FL 32301**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00544544 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **06** / **2018** in the State of

5. Covering Period **10** / **18** / **2018** through **11** / **26** / **2018**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
DOZIER, JULIE, , ,
Type or Print Name of Treasurer

Signature of Treasurer DOZIER, JULIE, , , [Electronically Filed] Date **12** / **06** / **2018**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NEW REPUBLICAN PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		<input type="text" value="899966.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1112598.02"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14393110.00"/>	<input type="text" value="32983572.58"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="15505708.02"/>	<input type="text" value="33883539.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14910373.12"/>	<input type="text" value="33288204.66"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="595334.90"/>	<input type="text" value="595334.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="191752.42"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NEW REPUBLICAN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y
10 / 18 / 2018 To: M M / D D / Y Y Y Y
11 / 26 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10341525.00	28240774.33
(ii) Unitemized	1585.00	51798.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10343110.00	28292572.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	3550000.00	3853500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	13893110.00	32146072.58
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	500000.00	837500.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	14393110.00	32983572.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14393110.00	32983572.58

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1165826.62	2579943.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1165826.62	2579943.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	13644546.50	30508261.17
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	100000.00
29. Other Disbursements (Including Non-Federal Donations).....	100000.00	100000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14910373.12	33288204.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14910373.12	33288204.66

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13893110.00	32146072.58
34. Total Contribution Refunds (from Line 28(d))	0.00	100000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13893110.00	32046072.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1165826.62	2579943.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1165826.62	2579943.49

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. HILL, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 N. 3RD AVE
 City HAILEY State ID Zip Code 83333-8459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOLYNNE DEVELOPMENT, INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 275.00

Date of Receipt 10 / 18 / 2018
Transaction ID : SA11A.2622
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

B. AGS VENTURES II, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 W 55TH STREET
 City NEW YORK State NY Zip Code 10019-4460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 100000.00

Date of Receipt 10 / 18 / 2018
Transaction ID : SA11A.2619
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

C. PAN AMERICAN LIFE INSURANCE COMPANY
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET SUITE 1530
 City NEW ORLEANS State LA Zip Code 70130-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 10000.00

Date of Receipt 10 / 18 / 2018
Transaction ID : SA11A.2620
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	60025.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. EDWARDSON, JOHN, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 585 BANK LANE
 City LAKE FOREST State IL Zip Code 60045-5307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 19 / 2018
Transaction ID : SA11A.2624
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

B. FANCELLI, JULIA, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 E. EDGEWOOD DRIVE SUITE 102
 City LAKELAND State FL Zip Code 33803-3600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 19 / 2018
Transaction ID : SA11A.2627
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

C. RINGHAVER, RANDAL, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 WORLD COMMERCE PKWY
 City ST AUGUSTINE State FL Zip Code 32092-3788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RING POWER CORPORATION Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 19 / 2018
Transaction ID : SA11A.2626
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	85000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. DUTY FREE AIR AND SUPPLY LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 NE 185TH ST.
SUITE 201

City MIAMI State FL Zip Code 33179-4505

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
10 / 19 / 2018
Transaction ID : SA11A.2625

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

B. CARDENAS, AL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 SOUTH MONROE STREET

City TALLAHASSEE State FL Zip Code 32301-1840

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
TAG LAWYER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 20 / 2018
Transaction ID : SA11A.2630

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. BERG, DEBORAH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4028 CALLE ISABELLA

City SAN CLEMENTE State CA Zip Code 92672-4508

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 21 / 2018
Transaction ID : SA11A.2631

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	53500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. CHAZEN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1229

City BELLAIRE	State TX	Zip Code 77402-1229
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MAGNOLIA OIL & GAS CORP.	Occupation (for Individual) CORP. OFFICER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018

Transaction ID : SA11A.2633

Amount of Each Receipt this Period
100000.00

Memo Item
CONTRIBUTION

B. FALCONE, ARTHUR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 TOWN CENTER RD
 STE 600

City BOCA RATON	State FL	Zip Code 33486-1040
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FALCONE GROUP	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018

Transaction ID : SA11A.2640

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

C. FAVRE, ART, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 82285

City BATON ROUGE	State LA	Zip Code 70884-2285
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PERFORMANCE CONTRACTORS, INC.	Occupation (for Individual) CONTRACTOR
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018

Transaction ID : SA11A.2634

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	150000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. FOGG, JOSEPH, G., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 8TH AVE. SOUTH
 City NAPLES State FL Zip Code 34102-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11A.2636
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

B. GIBSON, THOMAS, , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 527 WINN RD.
 City SCOTTSBORO State AL Zip Code 35769-6540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11A.2650
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. HUBBARD, STANLEY, , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3415 UNIVERSITY AVENUE
 City SAINT PAUL State MN Zip Code 55114-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUBBARD BROADCASTING, INC Occupation (for Individual) CHAIRMAN/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11A.2635
 Amount of Each Receipt this Period 15000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 20250.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. MCCORMACK, ROBERT, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 SOUTH BEACH ROAD
 City HOBE SOUND State FL Zip Code 33455-2508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11A.2642
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

B. QUINN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 10TH AVE S UNIT 213
 City NAPLES State FL Zip Code 34102-8226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11A.2648
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. ROWE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 805398
 City CHICAGO State IL Zip Code 60680-4183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11A.2637
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	16000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 87
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. SUTTON, KERMIT, S.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 715 10TH ST S
 City NAPLES State FL Zip Code 34102-6725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11A.2638
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

B. FLORIDA CRYSTALS CORPORATION
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address ONE NORTH CLEMATIS STREET SUITE 20
 City WEST PALM BEACH State FL Zip Code 33401-5551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11A.2641
 Amount of Each Receipt this Period 200000.00
 Memo Item CONTRIBUTION

C. PINCH A PENNY, INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 6025
 City CLEARWATER State FL Zip Code 33758-6025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : SA11A.2643
 Amount of Each Receipt this Period 15000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	220000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. WEST BAY FL LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 TOWN CENTER RD
STE 600

City BOCA RATON State FL Zip Code 33486-1040

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
10 / 23 / 2018
Transaction ID : SA11A.2639

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

B. CHILDS, JOHN, W., ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 REVOCABLE

City WALTHAM State MA Zip Code 02451-

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
J.W. CHILDS ASSOCIATES CHAIRMAN & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500000.00

Date of Receipt
10 / 24 / 2018
Transaction ID : SA11A.2651

Amount of Each Receipt this Period
250000.00

Memo Item
CONTRIBUTION

C. GARCIA, SUE, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1693 EUREKA ROAD
300

City ROSEVILLE State CA Zip Code 95661-2852

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
PAUL GARCIA INVESTMENTS, INC INVESTOR

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 24 / 2018
Transaction ID : SA11A.2653

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	301000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. ADELSON, MIRIAM, , DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 S RAMPART BLVD
STE 440

City LAS VEGAS State NV Zip Code 89145-5749

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ADELSON DRUG CLINIC Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500000.00

Date of Receipt 10 / 25 / 2018
Transaction ID : SA11A.2657

Amount of Each Receipt this Period 2500000.00

Memo Item CONTRIBUTION

B. ADELSON, SHELDON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 S RAMPART BLVD STE 440

City LAS VEGAS State NV Zip Code 89145-5749

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LAS VEGAS SANDS CORPORATION Occupation (for Individual) CHAIRMAN AND CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500000.00

Date of Receipt 10 / 25 / 2018
Transaction ID : SA11A.2656

Amount of Each Receipt this Period 2500000.00

Memo Item CONTRIBUTION

C. AGATSTON, ARTHUR, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1633 N VIEW DR.

City MIAMI BEACH State FL Zip Code 33140-4251

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AGATSTON CENTER FOR PRIVATE MEDICINE Occupation (for Individual) PHYSICIAN

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 25 / 2018
Transaction ID : SA11A.2659

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	5010000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. GRIFFIN, KEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 S DEARBORN ST
 City CHICAGO State IL Zip Code 60603-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CITADEL GROUP Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000000.00

Date of Receipt 10 / 25 / 2018
Transaction ID : SA11A.2654
 Amount of Each Receipt this Period 2500000.00
 Memo Item
CONTRIBUTION

B. SNYDER, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4226 E. BUENA TERRA WAY
 City PHOENIX State AZ Zip Code 85018-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 21ST CENTURY HEALTHCARE, INC. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 25 / 2018
Transaction ID : SA11A.2658
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. ALICO INCORPORATED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10070 DANIELS INTERSTATE CT #100
 City FORT MYERS State FL Zip Code 33913-7876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 25 / 2018
Transaction ID : SA11A.2655
 Amount of Each Receipt this Period 50000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2555000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. ALLEN, CARL, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5215 NORTH O'CONNOR BOULEVARD
 City IRVING State TX Zip Code 75039-3713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALLEN EXPLORATION, LLC Occupation (for Individual) OWNER/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 10 / 26 / 2018
Transaction ID : SA11A.2672
 Amount of Each Receipt this Period 100000.00
 Memo Item
 CONTRIBUTION

B. COTO, JULIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 AVILA CT
 City CASSELBERRY State FL Zip Code 32708-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EXCEL ENGINEERING Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2018
Transaction ID : SA11A.2670
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. RANGOS, JOHN, G., MR., SR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 OSPREY POINT CIR
 City BOCA RATON State FL Zip Code 33431-5245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 91000.00

Date of Receipt 10 / 26 / 2018
Transaction ID : SA11A.2661
 Amount of Each Receipt this Period 25000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	125050.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. RUBIN, BILL, D., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10581 GRAYHAWK ST

City PLANTATION	State FL	Zip Code 33324-8249
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) THE RUBIN GROUP	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2018

Transaction ID : SA11A.2662

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. CHARTER SCHOOLS USA, INC.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 CORPORATE DR.
STE 700

City FT LAUDERDALE	State FL	Zip Code 33334-3621
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2018

Transaction ID : SA11A.2663

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. CONVIVA CARE SOLUTIONS, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4960 SW 72ND AVENUE
STE 406

City MIAMI	State FL	Zip Code 33155-5506
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2018

Transaction ID : SA11A.2665

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	20000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. MARINA LAKES PROFESSIONAL LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4960 SW 72ND AVE
STE 201

City MIAMI State FL Zip Code 33155-5549

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 26 / 2018

Transaction ID : SA11A.2666

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. MEDICAL CARE CONSORTIUM, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4960 SW 72ND AVE
STE 201

City MIAMI State FL Zip Code 33155-5549

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
10 / 26 / 2018

Transaction ID : SA11A.2667

Amount of Each Receipt this Period
20000.00

Memo Item
CONTRIBUTION

C. NPR HOLDINGS LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 885 THIRD AVENUE
34TH FLOOR

City NEW YORK State NY Zip Code 10022-4881

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
10 / 26 / 2018

Transaction ID : SA11A.2669

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	50000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. RED APPLE DEVELOPMENT LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 CORPORATE DRIVE
STE 124

City FT. LAUDERDALE	State FL	Zip Code 33334-3618
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2018

Transaction ID : SA11A.2664

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. SAL HEALTH GROUP, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2645 SW 37TH AVE
STE 601

City MIAMI	State FL	Zip Code 33133-2745
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2018

Transaction ID : SA11A.2660

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. THIRD LAKE CAPITAL LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 E 8TH AVE STE A208

City TAMPA	State FL	Zip Code 33605-3738
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
75000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2018

Transaction ID : SA11A.2668

Amount of Each Receipt this Period
75000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	85000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. NEWHOUSE, STEPHAN, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 COCONUT PALM RD
 City VERO BEACH State FL Zip Code 32963-3713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 27 / 2018
Transaction ID : SA11A.2674
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. ZERN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 MANANA STREET
 City AUSTIN State TX Zip Code 78730-4233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YOUNG AND PRATT Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2018
Transaction ID : SA11A.2673
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. SCHNEIDER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 808 SEASAGE DRIVE
 City DELRAY BEACH State FL Zip Code 33483-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2018
Transaction ID : SA11A.2676
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. BATMASIAN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 NORTH FEDERAL HIGHWAY
 City BOCA RATON State FL Zip Code 33432-3994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INVESTMENTS LIMITED Occupation (for Individual) REAL ESTATE INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11A.2678
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

B. COX, GILBERT, C., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 SEAGATE DR. APT 1506
 City NAPLES State FL Zip Code 34103-2444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11A.2677
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

C. KOHLHEPP, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 W RIVERCENTER BLVD PH 1B
 City COVINGTON State KY Zip Code 41011-5816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11A.2681
 Amount of Each Receipt this Period 20000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	80000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. LEACH, HOWARD, H., AMB.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2018
Mailing Address 350 ROYAL PALM WAY SUITE 401			Transaction ID : SA11A.2682
City PALM BEACH	State FL	Zip Code 33480-4308	Amount of Each Receipt this Period 50000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) SELF EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LEVY, EDWARD, C., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2018
Mailing Address 8800 DIX AVENUE			Transaction ID : SA11A.2690
City DETROIT	State MI	Zip Code 48209-1093	Amount of Each Receipt this Period 25000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) EDW. C. LEVY CO.		Occupation (for Individual) EXECUTIVE CHAIRMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MCARTHUR, WILLIAM, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2018
Mailing Address 569 S. EDGEWOOD AVENUE			Transaction ID : SA11A.2684
City JACKSONVILLE	State FL	Zip Code 32205-5332	Amount of Each Receipt this Period 25000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 25000.00		

SUBTOTAL of Receipts This Page (optional).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. STEPHENSON, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 N MARTINGALE RD
 STE 180

City SCHAUMBURG State IL Zip Code 60173-2423

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INTERNATIONAL CAPITAL & INVESTMENT CO Occupation (for Individual) FOUNDER AND CHAIRMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11A.2683

Amount of Each Receipt this Period 200000.00

Memo Item CONTRIBUTION

B. TEMPLETON, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6914 OAK MANOR DR.

City DALLAS State TX Zip Code 75230-2360

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INVESTMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11A.2689

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

C. BENCOR, INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address ONE SARASOTA TOWER
 2 NORTH TAMIAMI TRAIL

City SARASOTA State FL Zip Code 34236-5538

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11A.2688

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 212500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. MAM TITLE CONSULTANTS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12700 BISCAYNE BLVD

City NORTH MIAMI	State FL	Zip Code 33181-2024
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2018

Transaction ID : SA11A.2687

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. N. G. WADE INVESTMENT COMPANY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 569 EDGEWOOD AVENUE SOUTH

City JACKSONVILLE	State FL	Zip Code 32205-5332
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2018

Transaction ID : SA11A.2685

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

C. ROSEBUD MINING COMPANY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 MARKET STREET

City KITTANNING	State PA	Zip Code 16201-1504
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2018

Transaction ID : SA11A.2680

Amount of Each Receipt this Period
20000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	55000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. CAMPBELL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3530 WILLIAMSBURG ROAD
 City DAVIDSONVILLE State MD Zip Code 21035-2012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROJECTION INC. Occupation (for Individual) OWNER/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 30 / 2018
Transaction ID : SA11A.2703
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

B. LAW, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7726 FALSTAFF ROAD
 City MCLEAN State VA Zip Code 22102-2758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENATE LEADERSHIP FUND Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 30 / 2018
Transaction ID : SA11A.2701
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

C. SABIN, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 PANTIGO PLACE
 City EAST HAMPTON State NY Zip Code 11937-2684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SABIN METAL Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 7300.00

Date of Receipt 10 / 30 / 2018
Transaction ID : SA11A.2697
 Amount of Each Receipt this Period 7300.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	14800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. WYLER, JEFFREY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 MILFORD PARKWAY
STE A

City MILFORD	State OH	Zip Code 45150-9119
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JEFF WYLER AUTOMOTIVE FAMILY	Occupation (for Individual) CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2018

Transaction ID : SA11A.2702

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. ACCOUNTABLE CARE OPTIONS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2240 W WOOLBRIGHT RD
STE 317

City BOYNTON BEACH	State FL	Zip Code 33426-6364
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2018

Transaction ID : SA11A.2700

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

C. CPH, INC.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 W. FULTON ST.

City SANFORD	State FL	Zip Code 32771-1220
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2018

Transaction ID : SA11A.2692

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	57000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. PRIMED ASSOCIATES, INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 BEACHWAY N
 City OCEAN RIDGE State FL Zip Code 33435-6246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 30 / 2018
Transaction ID : SA11A.2698
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION

B. PRIMUS HEALTH NETWORK LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2240 W WOOLBRIGHT RD STE 317
 City BOYNTON BEACH State FL Zip Code 33426-6364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 30 / 2018
Transaction ID : SA11A.2699
 Amount of Each Receipt this Period 50000.00
 Memo Item
CONTRIBUTION

C. ROOT COMPANY
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 CLYDE MORRIS BLVD
 City ORMOND BEACH State FL Zip Code 32174-5977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 10 / 30 / 2018
Transaction ID : SA11A.2694
 Amount of Each Receipt this Period 825.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	75825.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. SIX STAR, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1720

City WINTER PARK	State FL	Zip Code 32790-1720
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2018

Transaction ID : SA11A.2691

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. WHARTON-SMITH, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 750 MONROE ROAD

City LAKE MONROE	State FL	Zip Code 32747-
---------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2018

Transaction ID : SA11A.2693

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. COLE, RICHARD, P., ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9150 S DADELAND BLVD
SUITE 1400

City MIAMI	State FL	Zip Code 33156-7855
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 COLE, SCOTT & KISSANE P.A. ATTORNEY

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2018

Transaction ID : SA11A.2711

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	12000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. DIEFENTHAL, EDWARD, NED, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 AIRLINE DRIVE, SUITE 202
 City METAIRIE State LA Zip Code 70001-6265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WOODVINE GROUP Occupation (for Individual) PRESIDENT/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 31 / 2018
Transaction ID : SA11A.2714
 Amount of Each Receipt this Period 3000.00
 Memo Item CONTRIBUTION

B. MOSKOWITZ, CHERNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4744 N BAY ROAD
 City MIAMI BEACH State FL Zip Code 33140-2814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 10 / 31 / 2018
Transaction ID : SA11A.2713
 Amount of Each Receipt this Period 30000.00
 Memo Item CONTRIBUTION

C. ABC LIQUORS, INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 593688
 City ORLANDO State FL Zip Code 32859-3688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 31 / 2018
Transaction ID : SA11A.2710
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	58000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CLUTCH ANALYTICS, LLC

Mailing Address 8550 NW 33RD STREET
SUITE 400

City DORAL State FL Zip Code 33122-1941

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 31 / 2018
Transaction ID : SA11A.2705

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WINDHAVEN SELECT, LLC

Mailing Address 8550 NW 33RD STREET
STE 400

City DORAL State FL Zip Code 33122-1941

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 31 / 2018
Transaction ID : SA11A.2706

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WINDHAVEN INSURANCE COMPANY

Mailing Address 8550 NW 33RD ST, STE 400

City DORAL State FL Zip Code 33122-1941

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
27000.00

Date of Receipt
10 / 31 / 2018
Transaction ID : SA11A.2707

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. WINDHAVEN UNDERWRITERS, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8550 NW 33RD STREET
STE 400

City DORAL State FL Zip Code 33122-1941

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 31 / 2018
Transaction ID : SA11A.2708

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. WINDHAVEN CLAIMS MANAGEMENT, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8550 NW 33RD STREET
STE 400

City DORAL State FL Zip Code 33122-1941

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 31 / 2018
Transaction ID : SA11A.2709

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. FARISH, WILLIAM, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1700 17TH STREET

City BOCA GRANDE State FL Zip Code 33921-

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
SELF EMPLOYED HORSE BREEDER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
11 / 01 / 2018
Transaction ID : SA11A.2718

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	54000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. FRANCO, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 FALCON ROAD
 City METAIRIE State LA Zip Code 70005-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2018
Transaction ID : SA11A.2715
 Amount of Each Receipt this Period
 15000.00
 Memo Item
 CONTRIBUTION

B. HEAVENER, JAMES, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 731 PINE TREE RD
 City WINTER PARK State FL Zip Code 32789-1508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FULL SAIL UNIVERSITY Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 155400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2018
Transaction ID : SA11A.2716
 Amount of Each Receipt this Period
 50000.00
 Memo Item
 CONTRIBUTION

C. SPOTTSWOOD, ROBERT, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 FLEMING STREET
 City KEY WEST State FL Zip Code 33040-6882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPOTTSWOOD COMPANIES, INC. Occupation (for Individual) CEO/PRESIDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2018
Transaction ID : SA11A.2717
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	75000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CHIRA, LEE, , ,			Date of Receipt MM / DD / YYYY 11 / 02 / 2018
Mailing Address 800 N. HIGHLAND AVE SUITE 200			Transaction ID : SA11A.2729
City ORLANDO	State FL	Zip Code 32803-3907	Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) LCA DEVELOPMENT LLC		Occupation (for Individual) CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GROSS, DIETRICH, M. , ,			Date of Receipt MM / DD / YYYY 11 / 02 / 2018
Mailing Address 769 MICHIGAN			Transaction ID : SA11A.2725
City WILMETTE	State IL	Zip Code 60091-1956	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. STYSLINGER, JENNIFER, , ,			Date of Receipt MM / DD / YYYY 11 / 02 / 2018
Mailing Address 3315 DELL ROAD			Transaction ID : SA11A.2722
City BIRMINGHAM	State AL	Zip Code 35223-1319	Amount of Each Receipt this Period 12500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 12500.00	

SUBTOTAL of Receipts This Page (optional).....	20500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. STYSLINGER, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3315 DELL ROAD
 City BIRMINGHAM State AL Zip Code 35223-1319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALTEC Occupation (for Individual) SENIOR VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 11 / 02 / 2018
Transaction ID : SA11A.2721
 Amount of Each Receipt this Period 12500.00
 Memo Item
CONTRIBUTION

B. DEX IMAGING, INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5109 W LEMON STREET
 City TAMPA State FL Zip Code 33609-1105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 11 / 02 / 2018
Transaction ID : SA11A.2724
 Amount of Each Receipt this Period 100000.00
 Memo Item
CONTRIBUTION

C. GLOBAL RENTAL CO., INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 INVERNESS CENTER PARKWAY STE 250
 City BIRMINGHAM State AL Zip Code 35242-7648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 11 / 02 / 2018
Transaction ID : SA11A.2720
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	137500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. HERITAGE MGA, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 MCCORMICK DR.
 STE 300
 City CLEARWATER State FL Zip Code 33759-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : SA11A.2726
 Amount of Each Receipt this Period
 100000.00
 Memo Item
CONTRIBUTION

B. PENINSULA IMPROVEMENT CORPORATION
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 GOLDEN GATE PKWY
 City NAPLES State FL Zip Code 34105-3227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 20000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : SA11A.2719
 Amount of Each Receipt this Period
 20000.00
 Memo Item
CONTRIBUTION

C. PILOT CORPORATION
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5508 LONAS DRIVE
 City KNOXVILLE State TN Zip Code 37909-3221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 350000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : SA11A.2723
 Amount of Each Receipt this Period
 100000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	220000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. UNIVERSAL NISSAN UNIVERSAL HYUNDAI

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12801 S. ORANGE BLOSSOM TRAIL

City ORLANDO	State FL	Zip Code 32837-6594
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

Transaction ID : SA11A.2727

Amount of Each Receipt this Period
39000.00

Memo Item
CONTRIBUTION

B. UNIVERSAL NISSAN UNIVERSAL HYUNDAI

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12801 S. ORANGE BLOSSOM TRAIL

City ORLANDO	State FL	Zip Code 32837-6594
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2018

Transaction ID : SA11A.2728

Amount of Each Receipt this Period
61000.00

Memo Item
CONTRIBUTION

C. PATE, LUTHER, S. , , IV

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 20826

City TUSCALOOSA	State AL	Zip Code 35402-0826
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PATE REAL ESTATE	Occupation (for Individual) REAL ESTATE DEVELOPMENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2018

Transaction ID : SA11A.2731

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	150000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. ANDERSON, SONYA, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 SE 349 HWY
 City OLD TOWN State FL Zip Code 32680-5031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 11 / 05 / 2018
Transaction ID : SA11A.2732
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION

B. WOLD, KEITH, C., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 EAST COMMERCIAL BLVD
 City FT. LAUDERDALE State FL Zip Code 33308-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 11 / 05 / 2018
Transaction ID : SA11A.2733
 Amount of Each Receipt this Period 10000.00
 Memo Item CONTRIBUTION

C. COOLEY, WILLIAM, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 EDMOR ROAD
 City WEST PALM BEACH State FL Zip Code 33405-2761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 11 / 09 / 2018
Transaction ID : SA11A.2734
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	160000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. AGS VENTURES II, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 W 55TH STREET
 City NEW YORK State NY Zip Code 10019-4460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 11 / 09 / 2018
Transaction ID : SA11A.2737
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION

B. SELECT MEDICAL CORPORATION
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 GETTYSBURG ROAD
 City MECHANICSBURG State PA Zip Code 17055-4325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 11 / 09 / 2018
Transaction ID : SA11A.2738
 Amount of Each Receipt this Period 50000.00
 Memo Item
CONTRIBUTION

C. BENDERSON DEVELOPMENT COMPANY, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 570 DELAWARE AVE
 City BUFFALO State NY Zip Code 14202-1206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 11 / 10 / 2018
Transaction ID : SA11A.2735
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 100000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HILL, JAMES, , ,		Date of Receipt
Mailing Address 103 N. 3RD AVE		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2018"/>
City HAILEY	State ID	Zip Code 83333-8459
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.2740
Name of Employer (for Individual) JOLYNNE DEVELOPMENT, INC		Occupation (for Individual) PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. COTO, JULIAN, , ,		Date of Receipt
Mailing Address 303 AVILA CT		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2018"/>
City CASSELBERRY	State FL	Zip Code 32708-3917
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.2741
Name of Employer (for Individual) EXCEL ENGINEERING		Occupation (for Individual) ENGINEER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="10341525.00"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 87
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. AMERICA FIRST ACTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 CRYSTAL DRIVE
SUITE 850

City ARLINGTON State VA Zip Code 22202-4164

FEC ID number of contributing federal political committee. **C** C00637512

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300000.00

Date of Receipt
10 / 18 / 2018

Transaction ID : SA11C.2629

Amount of Each Receipt this Period
1000000.00

Memo Item
CONTRIBUTION

B. SENATE LEADERSHIP FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 N HILL DR

City WARRENTON State VA Zip Code 20186-2676

FEC ID number of contributing federal political committee. **C** C00571703

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250000.00

Date of Receipt
10 / 24 / 2018

Transaction ID : SA11C.2652

Amount of Each Receipt this Period
2000000.00

Memo Item
CONTRIBUTION

C. AMERICA FIRST ACTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 CRYSTAL DRIVE
SUITE 850

City ARLINGTON State VA Zip Code 22202-4164

FEC ID number of contributing federal political committee. **C** C00637512

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1300000.00

Date of Receipt
10 / 29 / 2018

Transaction ID : SA11C.2679

Amount of Each Receipt this Period
300000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	3300000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 87
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. SENATE LEADERSHIP FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 N HILL DR

City WARRENTON	State VA	Zip Code 20186-2676
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00571703

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2018

Transaction ID : SA11C.2686

Amount of Each Receipt this Period
250000.00

Memo Item
CONTRIBUTION

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250000.00
TOTAL This Period (last page this line number only).....	3550000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 87
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. AMERICA NEXT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 320966

City ALEXANDRIA	State VA	Zip Code 22320-4966
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2018

Transaction ID : SA17.1

Amount of Each Receipt this Period
500000.00

Memo Item
CONTRIBUTION

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500000.00
TOTAL This Period (last page this line number only).....▶	500000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2018			

FEC Identification Number

C []

Transaction ID : SB21B.3

Amount of Each Disbursement this Period

[] 1.78

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2018			

FEC Identification Number

C []

Transaction ID : SB21B.4

Amount of Each Disbursement this Period

[] 4.20

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2018			

FEC Identification Number

C []

Transaction ID : SB21B.29

Amount of Each Disbursement this Period

[] 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 25.98

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 19 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : SB21B.31 Amount of Each Disbursement this Period [] 40.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 10 / 20 / 2018
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : SB21B.5 Amount of Each Disbursement this Period [] 97.80
City BATON ROUGE	State LA	Zip Code 70884
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 10 / 21 / 2018
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : SB21B.6 Amount of Each Disbursement this Period [] 39.30
City BATON ROUGE	State LA	Zip Code 70884
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 177.10

TOTAL This Period (last page this line number only)..... ▶

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : SB21B.32 Amount of Each Disbursement this Period [] 40.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CROSBY OTTENHOFF GROUP		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address 611 PENNSYLVANIA AVE SE #267		FEC Identification Number C [] Transaction ID : SB21B.48 Amount of Each Disbursement this Period [] 5365.65
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement COMPLIANCE CONSULTING / DELIVERY SERVICE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MCLAUGHLIN & ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 10 / 22 / 2018
Mailing Address 566 S. ROUTE 303		FEC Identification Number C [] Transaction ID : SB21B.62 Amount of Each Disbursement this Period [] 128800.00
City BLAUVELT	State NY	Zip Code 10913
Purpose of Disbursement SURVEY RESEARCH		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 134205.65

TOTAL This Period (last page this line number only)..... ▶

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2018			

FEC Identification Number

C []

Transaction ID : SB21B.7

Amount of Each Disbursement this Period

[] 991.43

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2018			

FEC Identification Number

C []

Transaction ID : SB21B.8

Amount of Each Disbursement this Period

[] 50.63

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2018			

FEC Identification Number

C []

Transaction ID : SB21B.9

Amount of Each Disbursement this Period

[] 39.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 1081.36

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 24 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : SB21B.33
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Amount of Each Disbursement this Period [] 20.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 10 / 24 / 2018
Mailing Address 1593 SPRING HILL RD STE 400		FEC Identification Number C [] Transaction ID : SB21B.46
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATABASE MANAGEMENT		Amount of Each Disbursement this Period [] 702.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICA RISING LLC		Date of Disbursement MM / DD / YYYY 10 / 25 / 2018
Mailing Address 1500 WILSON BLVD 5TH FLOOR		FEC Identification Number C [] Transaction ID : SB21B.1
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement RESEARCH CONSULTING		Amount of Each Disbursement this Period [] 7000.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 7722.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C []

Transaction ID : SB21B.10

Amount of Each Disbursement this Period

[] 585.60

Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITAL CORNERED, LLC

Mailing Address 25 BATES ROAD

City
ARLINGTON

State
MA

Zip Code
02474

Purpose of Disbursement
FUNDRAISING CONSULTING / TRAVEL

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C []

Transaction ID : SB21B.26

Amount of Each Disbursement this Period

[] 110861.78

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C []

Transaction ID : SB21B.34

Amount of Each Disbursement this Period

[] 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 111467.38

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. CHISMAN CREEK LLC

Mailing Address 611 PENNSYLVANIA AVE. SE #489

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C []

Transaction ID : SB21B.44

Amount of Each Disbursement this Period

[] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CROSS SCREEN MEDIA

Mailing Address 127 SOUTH PEYTON STREET
SUITE 301

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C []

Transaction ID : SB21B.50

Amount of Each Disbursement this Period

[] 31500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DRUCKER LAWHON

Mailing Address 2647 JACKSON DRIVE

City
FALLS CHURCH

State
VA

Zip Code
22043

Purpose of Disbursement
FUNDRAISING CONSULTING / TRAVEL / FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C []

Transaction ID : SB21B.51

Amount of Each Disbursement this Period

[] 182976.13

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 219476.13

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. DT CLIENT SERVICES, LLC		Date of Disbursement MM / DD / YYYY 10 / 25 / 2018
Mailing Address 1101 14TH STREET NW SUITE 650		FEC Identification Number C [REDACTED] Transaction ID : SB21B.53 Amount of Each Disbursement this Period [REDACTED] 375.00
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement LIST RENTAL		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GRASSROOTS TARGETING		Date of Disbursement MM / DD / YYYY 10 / 25 / 2018
Mailing Address 707 PRINCE ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.56 Amount of Each Disbursement this Period [REDACTED] 21827.82
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC		Date of Disbursement MM / DD / YYYY 10 / 25 / 2018
Mailing Address 45 NORTH HILL DRIVE STE 100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.58 Amount of Each Disbursement this Period [REDACTED] 23400.00
City WARRENTON	State VA	Zip Code 20186
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

45602.82

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. LOVAS CO, LLC

Mailing Address 6635 W. HAPPY VALLEY ROAD
STE A104, BOX #198

City GLENDALE State AZ Zip Code 85310

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 25 / 2018

FEC Identification Number

C

Transaction ID : SB21B.60

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MCLAUGHLIN & ASSOCIATES, INC.

Mailing Address 566 S. ROUTE 303

City BLAUVELT State NY Zip Code 10913

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 25 / 2018

FEC Identification Number

C

Transaction ID : SB21B.63

Amount of Each Disbursement this Period

43800.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RIGHT COUNTRY LISTS

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 25 / 2018

FEC Identification Number

C

Transaction ID : SB21B.67

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

45800.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2018			

FEC Identification Number

C []

Transaction ID : SB21B.11

Amount of Each Disbursement this Period

[] 2.25

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2018			

FEC Identification Number

C []

Transaction ID : SB21B.12

Amount of Each Disbursement this Period

[] 3908.21

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2018			

FEC Identification Number

C []

Transaction ID : SB21B.35

Amount of Each Disbursement this Period

[] 80.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 3990.46

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. SRCP MEDIA

Mailing Address 201 N. UNION ST.
SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2018

FEC Identification Number

C

Transaction ID : SB21B.69

Amount of Each Disbursement this Period

30795.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THE ARCHMANN GROUP

Mailing Address 6618 HEARTLAND CIRCLE

City TALLAHASSEE State FL Zip Code 32312

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2018

FEC Identification Number

C

Transaction ID : SB21B.71

Amount of Each Disbursement this Period

33150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2018

FEC Identification Number

C

Transaction ID : SB21B.13

Amount of Each Disbursement this Period

59.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

64004.10

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2018			

FEC Identification Number

C []

Transaction ID : SB21B.14

Amount of Each Disbursement this Period

[] 39.80

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2018			

FEC Identification Number

C []

Transaction ID : SB21B.15

Amount of Each Disbursement this Period

[] 2340.60

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2018			

FEC Identification Number

C []

Transaction ID : SB21B.16

Amount of Each Disbursement this Period

[] 1365.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 3746.00

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 29 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : SB21B.37 Amount of Each Disbursement this Period [] 60.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MCLAUGHLIN & ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 10 / 29 / 2018
Mailing Address 566 S. ROUTE 303		FEC Identification Number C [] Transaction ID : SB21B.64 Amount of Each Disbursement this Period [] 43800.00
City BLAUVELT	State NY	Zip Code 10913
Purpose of Disbursement SURVEY RESEARCH		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 10 / 30 / 2018
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : SB21B.17 Amount of Each Disbursement this Period [] 488.40
City BATON ROUGE	State LA	Zip Code 70884
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 44348.40
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2018			

FEC Identification Number

C []

Transaction ID : SB21B.18

Amount of Each Disbursement this Period

[] 8.10

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2018			

FEC Identification Number

C []

Transaction ID : SB21B.39

Amount of Each Disbursement this Period

[] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WALKER, AVERY, , ,

Mailing Address 1228 INDEPENDENCE AVE SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
FUNDRAISING CONSULTING / PHONE / BANK FEE / TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2018			

FEC Identification Number

C []

Transaction ID : SB21B.74

Amount of Each Disbursement this Period

[] 4257.63

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 4285.73

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2018			

FEC Identification Number

C []

Transaction ID : SB21B.19

Amount of Each Disbursement this Period

[] 47.40

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2018			

FEC Identification Number

C []

Transaction ID : SB21B.40

Amount of Each Disbursement this Period

[] 60.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOVAS CO, LLC

Mailing Address 6635 W. HAPPY VALLEY ROAD
STE A104, BOX #198

City
GLENDALE

State
AZ

Zip Code
85310

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2018			

FEC Identification Number

C []

Transaction ID : SB21B.61

Amount of Each Disbursement this Period

[] 180.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 287.40

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.20

Amount of Each Disbursement this Period

[REDACTED] 2340.60

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.42

Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. THE CHARLES GROUP

Mailing Address 2907 BUTTERFIELD
SUITE 150

City
OAK BROOK

State
IL

Zip Code
60523

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.73

Amount of Each Disbursement this Period

[REDACTED] 1700.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 4060.60

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.21

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICA RISING LLC

Mailing Address 1500 WILSON BLVD
5TH FLOOR

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.22

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial) A. CAPITAL CORNERED, LLC		Date of Disbursement MM / DD / YYYY 11 / 03 / 2018
Mailing Address 25 BATES ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.27 Amount of Each Disbursement this Period [REDACTED] 46949.36
City ARLINGTON	State MA	Zip Code 02474
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 11 / 03 / 2018
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.43 Amount of Each Disbursement this Period [REDACTED] 40.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK CHARGES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CROSBY OTTENHOFF GROUP		Date of Disbursement MM / DD / YYYY 11 / 03 / 2018
Mailing Address 611 PENNSYLVANIA AVE SE #267		FEC Identification Number C [REDACTED] Transaction ID : SB21B.49 Amount of Each Disbursement this Period [REDACTED] 5801.49
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement COMPLIANCE CONSULTING / DELIVERY SERVICE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 52790.85

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. TAG REAL ESTATE HOLDINGS, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 204 S MONROE ST
STE A

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.70

Amount of Each Disbursement this Period: 1852.93

Memo Item

B. THE ARCHMANN GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 6618 HEARTLAND CIRCLE

City TALLAHASSEE State FL Zip Code 32312

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.72

Amount of Each Disbursement this Period: 62102.00

Memo Item

C. NAPLES YACHT CLUB

Full Name (Last, First, Middle Initial)

Mailing Address 700 14TH AVE., S

City NAPLES State FL Zip Code 34102

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.65

Amount of Each Disbursement this Period: 663.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

64618.91

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)
A. ANEDOT

Date of Disbursement: MM / DD / YYYY
11 / 09 / 2018

Mailing Address: PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: CREDIT CARD PROCESSING FEE

Candidate Name: _____

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : SB21B.23
Amount of Each Disbursement this Period: 4.20

Memo Item

Full Name (Last, First, Middle Initial)
B. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC

Date of Disbursement: MM / DD / YYYY
11 / 09 / 2018

Mailing Address: 45 NORTH HILL DRIVE
STE 100

City: WARRENTON State: VA Zip Code: 20186

Purpose of Disbursement: LEGAL CONSULTING

Candidate Name: _____

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : SB21B.59
Amount of Each Disbursement this Period: 11700.00

Memo Item

Full Name (Last, First, Middle Initial)
C. NUNGESSER CONSULTING

Date of Disbursement: MM / DD / YYYY
11 / 09 / 2018

Mailing Address: PO BOX 7

City: BATON ROUGE State: LA Zip Code: 70821

Purpose of Disbursement: FUNDRAISING CONSULTING

Candidate Name: _____

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

FEC Identification Number: C _____
Transaction ID : SB21B.66
Amount of Each Disbursement this Period: 2217.29

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 13921.49

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. SRCP MEDIA

Full Name (Last, First, Middle Initial)

Mailing Address 201 N. UNION ST.
SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 13 / 2018

FEC Identification Number: C

Transaction ID : SB21B.68

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. CAVALRY STRATEGIES, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 204 S. MONROE ST.
SUITE 201

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement POLITICAL STRATEGY CONSULTING / DELIVERY SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB21B.28

Amount of Each Disbursement this Period: 20319.35

Memo Item

C. CHISMAN CREEK LLC

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE. SE #489

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement RESEARCH CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB21B.45

Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 27819.35

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 16 / 2018

FEC Identification Number

C
Transaction ID : SB21B.47
Amount of Each Disbursement this Period
 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 18 / 2018

FEC Identification Number

C
Transaction ID : SB21B.24
Amount of Each Disbursement this Period
 1.78

Memo Item

Full Name (Last, First, Middle Initial)

C. GRASSROOTS TARGETING

Mailing Address 707 PRINCE ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 19 / 2018

FEC Identification Number

C
Transaction ID : SB21B.57
Amount of Each Disbursement this Period
 19095.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

20596.93

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB21B.25

Amount of Each Disbursement this Period: 2.25

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2.25

TOTAL This Period (last page this line number only)..... ▶ 1165826.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. HISPANIC LEADERSHIP FUND

Full Name (Last, First, Middle Initial)

Mailing Address 1200 G STREET, NW
SUITE 800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement DONATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y
11 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB29.1

Amount of Each Disbursement this Period: 100000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	100000.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4494**
NEW REPUBLICAN PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) Castellanos, Alejandro, , ,			<input checked="" type="checkbox"/> N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 399 North Quaker Lane				
City Alexandria	State VA	ZIP Code 22304		

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM / DD / YYYY 02 / 03 / 2015	Date Due MM / DD / YYYY 12 / 31 / 2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 20000.00
TOTALS This Period (last page in this line only)	▶	[] 20000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 69 OF 87
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): PRINTING BOOKLETS
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 18012.93	Transaction ID : SD10.4612	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18012.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 3769.58	Transaction ID : SD10.4614	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3769.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 2248.68	Transaction ID : SD10.4621	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2248.68

1) SUBTOTALS This Period This Page (optional)..... ▶	24031.19
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 70 OF 87
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): BOOKLET PRINTING
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="2117.29"/>	Transaction ID : SD10.4622	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2117.29"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): PRINTING - ADVERTISING/MARKETING BOOKLET
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="904.12"/>	Transaction ID : SD10.4641	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="904.12"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="2640.03"/>	Transaction ID : SD10.4642	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2640.03"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5661.44"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 71 OF 87
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): MARKETING BOOKS
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="1352.72"/>	Transaction ID : SD10.4651	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1352.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="2377.72"/>	Transaction ID : SD10.4650	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2377.72"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING - JANUARY
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="20833.34"/>	Transaction ID : SD10.4679	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20833.34"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="24563.78"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 72 OF 87
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING FEBRUARY
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 20833.34	Transaction ID : SD10.4682	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20833.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 1667.73	Transaction ID : SD10.4683	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1667.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING MARCH 2016
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 20833.34	Transaction ID : SD10.4693	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20833.34

1) SUBTOTALS This Period This Page (optional)..... ▶	43334.41
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 73 OF 87
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="610.66"/>	Transaction ID : SD10.4694	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="610.66"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING APRIL 2016
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="20833.34"/>	Transaction ID : SD10.4695	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20833.34"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="602.16"/>	Transaction ID : SD10.4696	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="602.16"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="22046.16"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 74 OF 87
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING - MAY 2016
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="20833.34"/>	Transaction ID : SD10.4717	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20833.34"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="341.96"/>	Transaction ID : SD10.4718	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="341.96"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): SHIPPING EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="123.76"/>	Transaction ID : SD10.4728	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="123.76"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="21299.06"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 75 OF 87
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="2198.24"/>	Transaction ID : SD10.4729	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2198.24"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): STRATEGIC CONSULTING
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="20833.34"/>	Transaction ID : SD10.4730	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20833.34"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): SHIPPING AND NEW REPUBLICAN MERCHANDISE
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="4420.95"/>	Transaction ID : SD10.4752	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4420.95"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="27452.53"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 76 OF 87
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): SHIPPING/MARKETING
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="775.15"/>	Transaction ID : SD10.4750	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="775.15"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): SHIPPING EXPENSE
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="155.00"/>	Transaction ID : SD10.4761	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="155.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW REPUBLICAN, LLC			Nature of Debt (Purpose): PRINTING
Mailing Address 815 SLATERS LANE			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="2433.70"/>	Transaction ID : SD10.4809	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2433.70"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3363.85"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="171752.42"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="20000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="191752.42"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER
C C00544544

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: PORTER, KATHERINE, ,
Calendar Year-To-Date Per Election for Office Sought 369507.60
Date of Public Distribution/Dissemination 10/19/2018
Amount 360000.00
Transaction ID : SE.1
Date of Disbursement or Obligation 10/18/2018
Office Sought: House District: 45 State: CA
Disbursement For: General 2018

Full Name of Payee E3 POST
Mailing Address 815 SLATERS LANE
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: PORTER, KATHERINE, ,
Calendar Year-To-Date Per Election for Office Sought 369507.60
Date of Public Distribution/Dissemination 10/19/2018
Amount 9507.60
Transaction ID : SE.2
Date of Disbursement or Obligation 10/19/2018
Office Sought: House District: 45 State: CA
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 369507.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, ,

[Electronically Filed]

Date 10/19/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER
C C00544544

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: PORTER, KATHERINE, ,
Calendar Year-To-Date Per Election for Office Sought 969982.60
Date of Public Distribution/Dissemination 10/26/2018
Amount 600475.00
Transaction ID : SE.3
Date of Disbursement or Obligation 10/19/2018
Office Sought: House District: 45 State: CA
Disbursement For: General 2018

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: NELSON, BILL, ,
Calendar Year-To-Date Per Election for Office Sought 18235088.05
Date of Public Distribution/Dissemination 10/23/2018
Amount 1371373.38
Transaction ID : SE.4
Date of Disbursement or Obligation 10/22/2018
Office Sought: Senate District: State: FL
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1971848.38
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, ,

[Electronically Filed]

Date 10/26/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER
C C00544544

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 10/26/2018
Amount 1261468.38
Transaction ID : SE.5
Date of Disbursement or Obligation 10/24/2018

Name of Federal Candidate: NELSON, BILL, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 10/25/2018
Amount 269541.45
Transaction ID : SE.6
Date of Disbursement or Obligation 10/25/2018

Name of Federal Candidate: NELSON, BILL, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1531009.83
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, ,

[Electronically Filed]

Date 10/26/2018

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00544544 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item MATSON MEDIA LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2018</div>			
Mailing Address 1201 HAMPTON STREET SUITE 3B	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">575000.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City COLUMBIA</td> <td style="width:17%; border-bottom: 1px solid black;">State SC</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 29201</td> </tr> </table>		City COLUMBIA	State SC	Zip Code 29201
City COLUMBIA		State SC	Zip Code 29201	
Purpose of Expenditure MEDIA PLACEMENT				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose NELSON, BILL, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">20683603.18</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item MATSON MEDIA LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 26 / 2018</div>			
Mailing Address 1201 HAMPTON STREET SUITE 3B	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">134000.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City COLUMBIA</td> <td style="width:17%; border-bottom: 1px solid black;">State SC</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 29201</td> </tr> </table>		City COLUMBIA	State SC	Zip Code 29201
City COLUMBIA		State SC	Zip Code 29201	
Purpose of Expenditure MEDIA PLACEMENT				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose NELSON, BILL, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>FL</u>			
Calendar Year-To-Date Per Election for Office Sought ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">20683603.18</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">709000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, , , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y
 Signature 10 / 27 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER
C C00544544

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: NELSON, BILL, , ,
Calendar Year-To-Date Per Election for Office Sought 20683603.18
Date of Public Distribution/Dissemination 10/26/2018
Amount 202809.30
Transaction ID : SE.9
Date of Disbursement or Obligation 10/26/2018
Office Sought: Senate State: FL
Disbursement For: General 2018

Full Name of Payee SRCP MEDIA
Mailing Address 201 N UNION ST SUITE 200
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: NELSON, BILL, , ,
Calendar Year-To-Date Per Election for Office Sought 20683603.18
Date of Public Distribution/Dissemination 10/26/2018
Amount 5696.00
Transaction ID : SE.10
Date of Disbursement or Obligation 10/26/2018
Office Sought: Senate State: FL
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 208505.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, , ,

[Electronically Filed]

Date 10/27/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER
C C00544544

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 10/30/2018
Amount 3640876.08
Transaction ID : SE.11
Date of Disbursement or Obligation 10/26/2018

Name of Federal Candidate: NELSON, BILL, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2018
Other (specify)

Full Name of Payee MATSON MEDIA LLC
Mailing Address 1201 HAMPTON STREET SUITE 3B
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 10/30/2018
Amount 3841218.09
Transaction ID : SE.12
Date of Disbursement or Obligation 10/29/2018

Name of Federal Candidate: NELSON, BILL, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2018
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7482094.17
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, ,

[Electronically Filed]

Date 10/31/2018

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC	FEC IDENTIFICATION NUMBER ▼ C C00544544
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item MATSON MEDIA LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1201 HAMPTON STREET SUITE 3B	Amount <input type="text"/> 291000.00 Transaction ID : SE.13 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City COLUMBIA State SC Zip Code 29201	
Purpose of Expenditure MEDIA PLACEMENT Category/Type <input type="text"/>	
Name of Federal Candidate: NELSON, BILL, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 29467971.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item MATSON MEDIA LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1201 HAMPTON STREET SUITE 3B	Amount <input type="text"/> 926125.65 Transaction ID : SE.14 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City COLUMBIA State SC Zip Code 29201	
Purpose of Expenditure MEDIA PLACEMENT Category/Type <input type="text"/>	
Name of Federal Candidate: NELSON, BILL, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 29467971.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 1217125.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, , , [Electronically Filed] Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER
C C00544544

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee SRCP MEDIA
Mailing Address 201 N UNION ST SUITE 200
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: NELSON, BILL, ,
Calendar Year-To-Date Per Election for Office Sought 29467971.00
Date of Public Distribution/Dissemination 10/30/2018
Amount 85148.00
Transaction ID : SE.15
Date of Disbursement or Obligation 10/30/2018
Office Sought: Senate State: FL
Disbursement For: General 2018

Full Name of Payee STRATEGIC DIRECTION.COM
Mailing Address 420 EAST JEFFERSON STREET
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure PHONE CALLS
Name of Federal Candidate: NELSON, BILL, ,
Calendar Year-To-Date Per Election for Office Sought 29478926.52
Date of Public Distribution/Dissemination 10/30/2018
Amount 10955.52
Transaction ID : SE.16
Date of Disbursement or Obligation 10/30/2018
Office Sought: Senate State: FL
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 96103.52
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, ,

[Electronically Filed]

Date 10/31/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER C C00544544

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRATEGIC DIRECTION.COM
Mailing Address 420 EAST JEFFERSON STREET
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure PHONE CALLS
Date of Public Distribution/Dissemination 11/01/2018
Amount 14943.84
Transaction ID : SE.17
Date of Disbursement or Obligation 11/01/2018

Name of Federal Candidate: NELSON, BILL, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee STRATEGIC DIRECTION.COM
Mailing Address 420 EAST JEFFERSON STREET
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure PHONE CALLS
Date of Public Distribution/Dissemination 11/03/2018
Amount 18437.76
Transaction ID : SE.18
Date of Disbursement or Obligation 11/03/2018

Name of Federal Candidate: NELSON, BILL, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 33381.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, ,
Signature

[Electronically Filed]

Date 11/02/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER C C00544544

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STRATEGIC DIRECTION.COM
Mailing Address 420 EAST JEFFERSON STREET
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure PHONE CALLS
Date of Public Distribution/Dissemination 11/04/2018
Amount 13022.52
Transaction ID : SE.19
Date of Disbursement or Obligation 11/04/2018

Name of Federal Candidate: NELSON, BILL, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee STRATEGIC DIRECTION.COM
Mailing Address 420 EAST JEFFERSON STREET
City COLUMBIA State SC Zip Code 29201
Purpose of Expenditure PHONE CALLS
Date of Public Distribution/Dissemination 11/05/2018
Amount 12746.76
Transaction ID : SE.20
Date of Disbursement or Obligation 11/05/2018

Name of Federal Candidate: NELSON, BILL, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 25769.28
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, ,

[Electronically Filed]

Date 11/05/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC
FEC IDENTIFICATION NUMBER
C C00544544

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
GRASSROOTS TARGETING
Mailing Address
707 PRINCE STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
EMAIL MESSAGING
Category/Type
Date of Public Distribution/Dissemination
11 / 09 / 2018
Amount
201.17
Transaction ID : SE.21
Date of Disbursement or Obligation
11 / 09 / 2018

Name of Federal Candidate:
SCOTT, RICK, ,
Support Oppose
Office Sought:
House District:
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
201.17
Disbursement For:
Primary General
Other (specify) Recount

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought:
House District:
President Senate State:
Calendar Year-To-Date
Per Election for Office Sought
Disbursement For:
Primary General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 201.17
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 13644546.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, ,

[Electronically Filed]

Date 12 / 06 / 2018

Signature